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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 104400001		CITY OR TOWN	ROWLEY	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	ROWLEY VETER	ANS' ASSOCIATIO	ON, INC		
DOING BUSINESS	A				
ADDRESS 19 BRAI	DFORD ST.				
CITY/TOWN: ROV	VLEY	STATE: MA	ZIP CODE:	01969	
MANAGER: HAR	DY, CHARLES TYP	E OF LICENSE: V	eterans club CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ī	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF I		ES:			
2 STORY WOOD FI					
I hereby certify and s	-			1. 1	
	ed license will be of t		=		
	ee has complied with ses are now open for l		=	o taxes; and	
3. the premis	ses are now open for	business (ii not exp	iam ociow)		
SIGNED BY:					
SIGNED D1.	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER	R IDENTIFICAT	TON NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
We the undersigned	l, attest that we are	in nossossion (1) tl	no cortificato rocuire	nd by Chante	or 304 of the
Acts of 2004, signed	by the building ins	pector and the hea	d of the fire departi	ment for the	above named
license and (2) the o	ertificate of liquor l	iability inguyanaa	required by Chante	n 116 of the	Acts of 2010
	or managed or inquier	nability insurance	required by Chapte	r 110 or the	ACIS 01 2010.
Please Check Below:		nability insurance	LOCAL LICENS		
Please Check Below: APPROVED:		nability insurance			
Please Check Below: APPROVED: DISAPPROVED:		nability insurance	LOCAL LICENS		
Please Check Below: APPROVED:		nability insurance	LOCAL LICENS		
Please Check Below: APPROVED: DISAPPROVED:		nabinty insurance	LOCAL LICENS		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 104	4400002		CITY OR TO	OWN ROWLET	
APPLICATION FOR RE	NEWAL:	Annual	Ll	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: BADOING BUSINESS A BADDRESS 237 DODGE	ACK NINE TA				
CITY/TOWN: ROWLE	Y	STATE: MA	ZIP COD	E: 01969	
MANAGER: CIMINO,	JILL TYP	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS: PLEAS	SE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICE CLUBHOUSE WITH TW PATIOS ON TWO FLOO	VO LARGE RO		OORS WITH A	DJOING OUTSIE	DE
2. the licensee ha	cense will be of as complied with	the same type for the all laws of the Conbusiness (If not exp	nmonwealth rela		
SIGNED BY:	dividual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	E NUMBER:		LOYER IDENTIFICAT	
We the undersigned, at Acts of 2004, signed by license and (2) the certi	the building ins	spector and the he	ad of the fire de	epartment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIG	CENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1044	00006	•	CITY OR TOWN	ROWLEY	
APPLICATION FOR REN		Annual CLASS	LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: SKI DOING BUSINESS A SP ADDRESS RTE 1, NEWB	UD'S RESTAURANT A	AND PUB			
CITY/TOWN: ROWLEY	STA	TE: MA	ZIP CODE:	01969	
MANAGER: SPAULDIN BRUCE C.	NG, TYPE OF LI	CENSE: Resta	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICEN					
ONE FLOOR WITH 7 RO 2 EMPTY ROOMS, 2 STO					
I hereby certify and swear i			,		
1. the renewed lice	ense will be of the same	type for the s	ame premises now	licensed;	
2. the licensee has	complied with all laws	of the Commo	onwealth relating to	taxes; and	
3. the premises are	now open for business	(If not explai	n below)		
SIGNED BY:	vidual, Partner or Autho	orized Corpor	ate Officer		
DATE:	TELEPHONE NUME	BER:	EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)
We the undersigned, atte Acts of 2004, signed by the license and (2) the certification.	ne building inspector a	nd the head	of the fire departr	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 104400008	CITY OR TOWN ROWLEY					
APPLICATION FOR RENEWAL:	nnual LICENSED FOR 2013					
C	LASS YEAR					
LICENSEE NAME: ROWLEY LIQUORS INC.						
DOING BUSINESS A						
ADDRESS 144 NEWBURYPORT TURNPIKE						
CITY/TOWN: ROWLEY STAT	E: MA ZIP CODE: 01969					
MANAGER: DAGAS, GEORGE TYPE OF LIC C.	ENSE: Package Store CATEGORY: All Alcohol					
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMAIL ADDRESS					
DESCRIPTION OF LICENSED PREMISES:						
1 STORY WOOD FRAME BLDG., 2 ROOMS, REAR FOR STORAGE FRONT FOR SALES. 2 ENTRANCES, FRONT FOR SALES, REAR FOR DELIVERIES.						
I hereby certify and swear under penalties of perjury						
1. the renewed license will be of the same ty						
2. the licensee has complied with all laws or	f the Commonwealth relating to taxes; and					
3. the premises are now open for business (If not explain below)					
SIGNED BY:						
Individual, Partner or Author	ized Corporate Officer					
DATE.						
DATE: TELEPHONE NUMBI	ER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)					
	(1-36) <u>1-102</u> Individual Social Security Number)					
Please Check Below:	LOCAL LICENSING AUTHORITY					
APPROVED:	By:					
DISAPPROVED: (If disapproved explain)						
(If disapproved explain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 104400009		CITY OR TOWN ROV	WLEY
APPLICATION FOR RENEWAL:	Annual	LICENSED I	FOR 2013
	CLASS		YEAR
LICENSEE NAME: ROWLEY ENT	ERPRISES,INC.		
DOING BUSINESS A SKIP'S COUN	TRY STORE		
ADDRESS 801 HAVERHILL ST			
CITY/TOWN: ROWLEY	STATE: MA	ZIP CODE: 019	69
MANAGER: HAIDER, SHAMMI T	TYPE OF LICENSE: Pac	kage Store CATEG	ORY: Wine and Malt Regular
EMAIL ADDRESS:			
	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREI	MISES:		
2 STORY WOODEN BLDG., 1ST. FI STORAGE.	LOOR FOR SALES, 2NI	O FLOOR APARTMENT	Γ, CELLAR FOR
 the renewed license will be the licensee has complied w the premises are now open 	vith all laws of the Comm	nonwealth relating to taxe	
SIGNED BY: Individual, Part	ner or Authorized Corpo	rate Officer	
DATE: TELEPHO	ONE NUMBER:		TIFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A	AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 104400011		CITY OR TOWN	ROWLEY
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
LICENSEE NAME: DOING BUSINESS ADDRESS 174 TUI	A ROUTE 1 LIQ			YEAR
CITY/TOWN: RO	WLEY	STATE: MA	ZIP CODE:	01969
	LANIS, T	YPE OF LICENSE:Pe	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUF	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	MISES:		
		FRONT ENTRANCE I R RETAIL AND CELL		REAR FOR
2. the licens	see has complied w ises are now open f	of the same type for the cith all laws of the Comfor business (If not exponer or Authorized Corp.	monwealth relating to	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			·	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 104400017	(CITY OR TOWN ROWLE	EY
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAME:	T.J. THAI INC.			
DOING BUSINESS	A ROYAL ORCE	HID		
ADDRESS 00303B	HAVERHILL RO	AD		
CITY/TOWN: RO	WLEY	STATE: MA	ZIP CODE: 01969	
MANAGER: TEP NIPO		YPE OF LICENSE: Resta	urant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF	LICENSED PREM	MISES:		
TO TH ELEFT OF	THE DINING ARI		Γ, KITCHE N IN REAR, R NCE/ EXI T IN FRONT, A ONT.	
2. the licens	ved license will be see has complied w	of the same type for the sa	nme premises now licensed; onwealth relating to taxes; and below)	nd
SIGNED BY:	Individual, Partr	ner or Authorized Corpora	ate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Acts of 2004, signe	d by the building	inspector and the head o	certificate required by Cha of the fire department for t quired by Chapter 116 of t	the above named
Please Check Below:			LOCAL LICENSING AUT	ΓHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved expl	oin)			
(11 disappioved expi	a111 <i>)</i>			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 104400019		CITY OR TOWN	ROWLEY	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME	E: THE GREAT AME	ERICAN BARBEQ	UE		
DOING BUSINES	S A				
ADDRESS 5 RAII	LROAD AVE.				
CITY/TOWN: RC	OWLEY	STATE: MA	ZIP CODE:	01969	
MANAGER: PIE	ERRO, STEPHEN TYP	'E OF LICENSE:R	estaurant CA	ATEGORY: All Alcoh	ol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMIS	SES:			
	nsee has complied with nises are now open for I	business (If not exp	olain below)	, unco, and	
DATE:	TELEPHON	E NUMBER:		LIDENTIFICATION NUMBE	
Acts of 2004, sign	ed by the building ins	pector and the hea	ad of the fire departı	ed by Chapter 304 of the ment for the above namer 116 of the Acts of 201	ned
Please Check Below:	_		LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	LLI plain)				
(11 disappiored exp	,iuii)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 104400020		CITY OR TOWN	ROWLEY	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	PIEMAR,INCOF	RPORATED			
DOING BUSINESS	A OFF THE VINI	Е			
ADDRESS 150 NEV	VBURY TURNPI	KE			
CITY/TOWN: ROV	VLEY	STATE: MA	ZIP CODE:	01969	
MANAGER: WIC	K, MARIE S. T	YPE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		WEBSITE AND ENTER YOUR EMISES:	AIL ADDRESS		
I hereby certify and s	wear under penalti	es of perjury that:			
1. the renew	ed license will be o	of the same type for the	same premises now	licensed;	
	_	th all laws of the Comm	=	taxes; and	
3. the premis	ses are now open for	or business (If not expla	in below)		
SIGNED BY:	Individual, Partn	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signed	by the building i	re in possession (1) the inspector and the head or liability insurance re	of the fire departs	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	in)				
(11 disappioved expla	<i>)</i>				_
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED BY	Y LICENSEES DURING THE MO	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	104400022		CITY OR TOWN ROWLE	ΣY
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	BRICKLE LLC			
DOING BUSINESS A	BRADFORD TAV	ERN		
ADDRESS 85-89 HA	VERHILL STREET			
CITY/TOWN: ROW	LEY	STATE: MA	ZIP CODE: 01969	
MANAGER: ROAC	H, LOVANNETYPE	OF LICENSE: Res	taurant CATEGOR`	Y: All Alcohol
EMAIL ADDRESS:				
PI	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISE	S:		
9678 SQ FT				
I hereby certify and sw	•	1 0 0		
		• •	same premises now licensed;	
	=		nonwealth relating to taxes; an	ıd
3. the premise	es are now open for bu	usiness (If not expla	in below)	
SIGNED BY:	Individual, Partner o	r Authorized Corpo	rate Officer	
DATE:	TELEPHONE	NIIMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
	TEELITIONE	TOMBLE.	(Note: NOT Individual Soci	al Security Number)
XV- 4b	-444414			4 204 - 641
			e certificate required by Cha l of the fire department for t	
license and (2) the ce	rtificate of liquor lia	ability insurance re	equired by Chapter 116 of the	he Acts of 2010.
Please Check Below:			LOCAL LICENSING AUT	THORITY
APPROVED:	-		By:	
DISAPPROVED:				
(If disapproved explain	.1)			
DATE:				
-				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 104400023		CITY OR TOWN	ROWLEY
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 300 NEV	•			ILAK
CITY/TOWN: ROV	WLEY	STATE: MA	ZIP CODE:	01969
MANAGER: CAS' ISAU		OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	IAIL ADDRESS	
	LICENSED PREMISES			
4,200 SQ.FT RETAI WITH SEATING CA	IL PREMISES TO BE O APACITY OF 160	OPERATED AS A	FULL SIZE MEXI	CAN RESTAURANT
	ee has complied with all ses are now open for bus	siness (If not expla	in below)	o taxes; and
DATE:	TELEPHONE N	NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	d by the building inspec	ctor and the head	of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHORITY
DATE:				